



**Applicant has been honorably discharged from the armed forces of the United States.** ☐ Yes

Please keep in mind, an incomplete application could cause a delay in processing.

Playback Equipment (See Note)

KTBL use only \_\_\_\_\_

☐ **Cassette Player**    **\*\* special speed tape player \*\***

☐ **Braille**

Accessories (See Note)

☐ **Headphones**    ☐ **Pillow Speaker** (Bedfast Only)    ☐ **Extension Levers**

Do you have a hearing impairment?    ☐ **Slight**    ☐ **Moderate**

**For Profound hearing loss**

☐ **Amplifier – Separate Application and medical certification required**

**Note: Playback equipment can be borrowed from the library for as long as you use the services of the library. All equipment remains the property of the federal government and should be returned when no longer needed.**

**Check primary disability preventing you from reading standard print.**

☐ **Blindness**    ☐ **Physical Disability**    ☐ **Visual Disability**    ☐ **Deaf/Blind**

**Disability must be certified by one of the following: Doctor of Medicine or Osteopathy, Optometrist, Educator, Librarian; Professional Staff of hospitals, institutions, public/welfare agencies such as nurses, therapists, social worker, counselors and rehabilitation teachers.**

**Certifying Authority CANNOT be a relative of the applicant.**

☐ **Reading Disability**    **Must be certified by doctor of medicine or of osteopathy**

**Print Name of Certifying Authority** \_\_\_\_\_

**Title/Occupation** \_\_\_\_\_

**Address** \_\_\_\_\_ **Telephone (    )** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**I hereby certify that the applicant named above has requested library service and is unable to read or use standard printed material for the reason indicated.**

Certifying Authority Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Check Preferred Reading Level: (May differ from comprehension level)

☐ Adult    I object to books with:    ☐ Explicit Sex    ☐ Violence

☐ Long Books    ☐ Rough Language

☐ Young Adult

☐ Juvenile    Please indicate grade reading level: \_\_\_\_\_

☐ Preschool

### Reading Preference

☐ Do not make selections. I will call to order.

☐ I prefer to make my own selections. I will accept librarian selections from the categories below if my requests are not available.

☐ Please make selections from the categories below

### Categories    (Please limit to 10)

☐ Adventure

☐ Health

☐ Religion \_\_\_\_\_

☐ Animals

☐ Historical Novel

☐ Romance

☐ Best Sellers-Fict.

☐ History, US

☐ Science

☐ Best Sellers-Non.

☐ History, World

☐ Science Fiction

☐ Biography

☐ Homemaking

☐ Short Stories

☐ Classic

☐ Humor

☐ Sports

☐ Current Affairs

☐ Kentucky

☐ True Crime

☐ Family Stories

☐ Mysteries

☐ Travel/Geography

☐ Gothic

☐ Poetry

☐ Western

☐ Magazine Catalog

Foreign Language \_\_\_\_\_

Interests \_\_\_\_\_

Authors \_\_\_\_\_

Have you omitted anything? An incomplete application could cause a delay in processing.

This project is supported by the Institute of Museum and Library Services under the provisions of the Library Services and Technology Act as administered by the Kentucky Department for Libraries and Archives

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**Free Matter for the Blind  
and Handicapped  
Domestic Mail Manual PT. 135**

**Kentucky Department for Libraries & Archives  
Kentucky Talking Book Library  
PO Box 818  
Frankfort KY 40602**

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